



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicants: Steven B. Liebers and Glynn L. Eppy

Serial No: 10/080,897 Group Art Unit:3728

Filed: February 22, 2002 Examiner: Luan Kim Bui

Att. Docket No.: D1062/20012 Confirmation No.: 9375

For: PACKAGE CONTAINING READING GLASSES

DRAFT AMENDMENT

Mail Stop NON-FEE AMENDMENTS
Commissioner for Patents
P.O. Box 1450
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Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 12, 2004, amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.



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SUBSTITUTE PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

	Application Number	10/080,897	
	Filing Date	February 22, 2002	
	First Named Inventor	Steven B. Liebers	
	Art Unit	3728	
	Examiner Name	Luan Kim Bui	
Total Number of Pages in This Submission	7	Attorney Docket Number	D1062/20012

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form (In duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Receipt postcard	<input type="checkbox"/> Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Barry A. Stein
Signature	
Date	March 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Barry A. Stein
Signature	
	Date
	March 29, 2004

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